

**Coordinated Review Effort (CRE)  
General Areas of Review**

**SCHOOL FOOD AUTHORITY (SFA) REVIEW**

The Post Award Civil Rights Compliance Review form must be completed and signed prior to the Coordinated Review Effort (CRE). Do not mail the review form to the Michigan Department of Education (MDE). The School Nutrition Training and Programs Analyst will collect the review form during the CRE. If you have any questions regarding the attached review form, please contact a School Nutrition Training and Programs Analyst at 517-373-3347.

**FREQUENTLY ASKED QUESTIONS  
Post Award Civil Rights Compliance Review**

**Q. How do I compute the racial identity and ethnic identity data?**

- A. The racial identity and ethnic identity data can be computed from actual information, visual observation, by applying a percentage from the 4<sup>th</sup> Friday count to the free and reduced applicants, or by a combination of two or more methods.

**Q. How do I get the percentages needed to complete the *Racial Identity and Ethnic Identity Data* in Part I for the free and reduced applications since its optional to fill out the back of the application?**

- A. Many school districts use the Racial/Ethnic data compiled in the 4<sup>th</sup> Friday Count to arrive at a percentage for the district. For example, if the district has 2300 students and the Racial Identity determination is 45 American Indian, 200 Asian, 230 African American, 300 Native Hawaiian, and 1525 White; then the following percentages would result: 2% American Indian, 8.7% Asian, 10% African American, 13% Native Hawaiian, and 66.3% White. If the Ethnic Identity for those same 2300 students is determined as 230 Hispanic or Latino, then the following percentage would result: 10% Hispanic or Latino and 90% not Hispanic or Latino. Those percentages can then be applied to the number of free and reduced price applications and recorded on the form.

**Q. Do I have to determine the Racial and Ethnic Identity for all the school staff?**

- A. No. Racial Identity and Ethnic Identity is to be recorded for food service staff only.

**Q. How do I get the figures for the section that refers to “Denied Applications?”**

- A. This box refers to the free/reduced applications which were denied through the verification process only. You can use the percentages described above if the actual Racial/Ethnic Identity information is not available for the students on those applications.

**Q. Where do I get more “And Justice for All” posters?**

- A. You may ask the School Nutrition Training and Programs Analyst during the review or call 517-373-3347 to request additional copies of the “And Justice for All” posters. They are also available to print off the internet at: <http://www.fns.usda.gov/cr/justice.htm>

**Q. Where do I get more information on the Civil Rights requirements?**

- A. The United States Department of Agriculture, Food and Nutrition Service, Office of Civil Rights “Civil Rights Laws, Regulations, Executive Orders, and related Other Guidance” webpage: <http://www.fns.usda.gov/cr/crregulation.htm>

# POST AWARD CIVIL RIGHTS COMPLIANCE REVIEW

Agreement #	SFA	Name of Building(s) Selected for Review:			
		1)	2)	3)	4)

**Part I: RACIAL-ETHNIC DATA** *(Complete this section for the entire school organization.)*

RACIAL IDENTITY						ETHNIC IDENTITY				
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total <sup>1*</sup>		Hispanic or Latino	Not Hispanic or Latino	Total <sup>2*</sup>
# of Free Students (Approved):							# of Free Students (Approved):			
# of Reduced Students (Approved):							# of Reduced Students (Approved):			
# of Staff (Food Service Only):							# of Staff (Food Service Only):			

\*Each approved free or reduced student and food service staff must be classified for both Racial Identity and Ethnic Identity. The numbers listed in the Total<sup>1</sup> Column must be the same as the Total<sup>2</sup> Column.

**DENIED APPLICATIONS (Based on Verification)** *Are they disproportionately composed of minorities?* ☐ YES ☐ NO

RACIAL IDENTITY						ETHNIC IDENTITY				
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total <sup>3*</sup>		Hispanic or Latino	Not Hispanic or Latino	Total <sup>4*</sup>
# of Free Students (Denied):							# of Free Students (Denied):			
# of Reduced Students (Denied):							# of Reduced Students (Denied):			

\*Each denied free or reduced student must be classified for both Racial Identity and for Ethnic Identity. The numbers listed in the Total<sup>3</sup> Column must be the same as the Total<sup>4</sup> Column.

**Part II: CHECK APPLICABLE BOX**

- A. School/Institution has sent out a public release for free and reduced price meals to the parents/guardians and community/local minority and grass roots organization.
- B. School/Institution has a procedure in place to inform the constituents of all aspects of the program (availability, benefits, etc.).
- C. Program materials include the non-discrimination statement.
- D. Materials provide the provision that discrimination complaints may be filed directly with the Secretary of Agriculture.
- E. A USDA non-discrimination poster is displayed in a prominent place accessible to the students in each school.
- F. School/Institution completes an annual review of all buildings to ensure Civil Rights compliance.
- G. School/Institution provides training to new/current employees to ensure competency in civil rights compliance.
- H. School/Institution provides bilingual personnel/materials if necessary.
- I. School/Institution admission procedures do not restrict enrollment by race, color, national origin, sex, age or disability.
- J. School/Institution has an established procedure to accept complaints or grievances that are based upon race, color, national origin, sex, age or disability.
- J-1. Have there been any complaints?
- J-2. If "yes", how many? \_\_\_\_\_ *"No" answer does NOT require explanation for # J -1.*
- J-3. Reported to the state agency?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**PART III: EXPLAIN ALL "NO" OR "N/A" ANSWERS** *(Attach a separate sheet to this form.)*
**PART IV: CERTIFICATION**

I certify \_\_\_\_\_ will take any kind of action necessary to be in full civil rights compliance with: Title VI of the Civil Rights Act of 1964 - nondiscrimination based on race, color, national origin; Age Discrimination Act of 1975 – nondiscrimination based on age; Title IX of the Education Amendments of 1972 – nondiscrimination based on sex; Section 504 of the Rehabilitation Act of 1973 - nondiscrimination based on disability.

DATE: \_\_\_\_\_ SIGNATURE *(Superintendent/Principal/Administrator):* \_\_\_\_\_

**PART V: CORRECTIVE ACTION REQUIRED?** ☐ YES ☐ NO

If "Yes", was corrective action explained to SFA?

☐ YES ☐ NO ☐ N/A INSPECTION DATE: \_\_\_\_\_

SIGNATURE *(State Representative):* \_\_\_\_\_